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Effective on 12/08/2004.			Complete if Known				
Fees pursuant to the Consolidated Appropriations Act, 2005 (H R. 4818).			Application Number	10/533,	10/533,398		
FEE TRANSMITTAL			Filing Date	April 30	April 30, 2005		
For FY 2005			First Named Inventor	Charles C. Hart			
Applicant claims small entity status. See 37 CFR 1.27			Examiner Name	Neal, Timothy J.			
			Art Unit	3731			
TOTAL AMOUNT OF PAYMENT (\$) 550 00			Attorney Docket No.	2395-	2395-USP-PCT-US		
METHOD OF PAYMENT (check all that apply)							
Check Credit Card Money Order None Other (please identify):							
Deposit Account Deposit Account Number: 01-2215  Deposit Account Name Applied Medical Resources Corporation							
For the above-identified deposit account the Director is hereby authorized to: (check all that apply)							
Charge fee(s) indicated below Charge fee(s) indicated below except for the filing fee							
Charge any additional fee(s) or underpayments of fee(s)							
under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card							
information and authorization on PTO-2038.							
FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	ILING F St	Mall Entity	RCH FEES EXA Small Entity	MINATION <u>Small</u>	Entity		
	ee (\$)	Fee (\$) Fee (	\$) Fee (\$) Fe	<u>e (\$)</u> Fee	(\$) <u>E</u>	ees Paid (	<u>\$)</u>
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Design 2	.00	100 100	50 1:	30 6	5		<del></del>
Plant 2	:00	100 300	150 10	60 8	0		
Reissue 3	00	150 500	250 6	00 30	0		_
	00	100 0	0	0	0	-	_
2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Fee (\$)							
Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent  50 25							
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100							
Multiple dependent claims 360 180							
Total Claims 43 Extra Claims Fee (\$) Fee $\frac{50}{2}$ - 20 or $\frac{1}{2}$ $\frac{1}$		Paid (\$) Multiple Dependence Fee (\$)		dent Claims Fee Paid (\$)			
HP = highest number of total claim	s paid for,		<u> </u>	66 (4)	ree Faid (\$	L	
	a Claims		Paid (\$) -			_	
7 - 3 or HP = 1 x 200 = 200  HP = highest number of independent claims paid for if greater than 3							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)							
for each additional 50 sheets or fraction thereof See 35 U.S.C 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets							
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							
Other:							
SUBMITTED BY  Registration No 52 257  Telephone 040 742 2222							
(Attorney/Agent) 55,257							
Name (Print/Type)   David G. N	//aidali				Date Novem	nber 16 1	2007

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14 This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden should be sent to the Chief Information Officer U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.